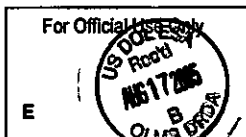


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|--|--|
| 1 File Number U - <u>9249</u> | 2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u> |
| 3 Name and address of person filing Name <u>Daniel P. O'Donnell</u> P O Box, Bldg, Room No, if any _____ Street <u>585 St. Gabrielle</u> City <u>Florissant</u> State <u>MO</u> ZIP Code + 4 <u>63033</u> | 4 Name, file number, and address of labor organization Name <u>Roofers Local No. 2</u> Labor Organization File Number <u>019-548</u> P O Box, Building and Room Number, if any _____ Street <u>2920 Locust</u> City <u>St. Louis</u> State <u>MO</u> ZIP Code + 4 <u>63103</u> |
| 5 Position in labor organization <u>Business Manager</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____ |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed [Signature] On 8/11/05 (314) 535-9683
Date Telephone Number

| | | |
|-----------------------|----------------------------|----------------|
| Name of Person Filing | <u>Daniel P. O'Donnell</u> | File Number U- |
|-----------------------|----------------------------|----------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Indiana State Council of

Trade Name, if any Roofers Health and Welfare

P O Box, Bldg, Room No, if any P.O. Box 5769

Street

City Lafayette

State IN. ZIP Code + 4 47903

9 Business deals with

☐ a Labor Organization

☒ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name SAME

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Expenses paid by Trust for attendance at Health and Welfare Meetings while serving as a Trustee (Lodging & meals)

11 b Approximate dollar value of such dealing

649.00

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

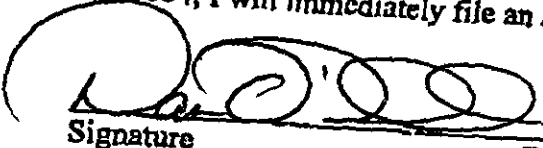
14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.


Signature

 8/11/05
Date